

CLAIMS ONLY						Application Number 10657019	Filing Date			
						Applicant(s)				
						* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1					51				
2						52				
3						53				
4						54				
5						55				
6						56				
7						57				
8						58				
9	2					59				
10	2					60				
11	1					61				
12						62				
13						63				
14						64				
15						65				
16						66				
17						67				
18						68				
19						69				
20	2					70				
21	2					71				
22	2					72				
23	2					73				
24	2					74				
25	2					75				
26	2					76				
27						77				
28						78				
29						79				
30						80				
31						81				
32						82				
33						83				
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37						87				
38						88				
39						89				
40						90				
41						91				
42						92				
43						93				
44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
Total Indep	2					Total Indep				
Total Depend	33					Total Depend				
Total Claims	35					Total Claims				